Bridging the gap between children and adult services

Ian A McMillan reports on how organisations can ensure continuity of care for young people

FOR MANY people, the transition from childhood to adulthood is difficult and stressful. For people who have or who are at risk of developing mental health problems, the transition years can be even more fraught.

A report published earlier this year by the National Mental Health Development Unit (NMHDU) and the charity YoungMinds stresses the importance of ensuring that people in their late teens and early twenties can access appropriate services (NMHDU and YoungMinds 2011a).

Traditionally, however, services for children and adolescents have differed from adult services, and there has been little interaction between the two. As a result, some young people have not been given the appropriate support.

Although these services were overhauled recently, ‘seamless services’ remain rare. The Department of Health (DH) strategy, No Health Without Mental Health, calls for the end of such ‘arbitrary discontinuations’ in care for young people moving between the two types of service by planning their transitions early. It also states that mental health staff should listen to young people more closely and try to improve their self-efficacy (DH 2011).

Nurse consultant Tim McDougall, who is the lead nurse for children and adolescent mental health services (CAMHS) at the Cheshire and Wirral Partnership NHS Foundation Trust, accepts that flaws in provision are long-standing. ‘All too often, young people tell us that their transitions have been poor.’

Teenagers, he says, are typically regarded as being too old for children’s services and too young for adult services.’

Mr McDougall adds that there are too few conversations about young people’s needs. Mental health staff should ask young people, in terms that they understand, whether their care transitions were seamless, and should provide follow-up care to see how many young people have settled back into education or work. ‘Early readmission of a young person to a mental health unit is evidence of a failed transition.’

Early-intervention services

Last spring, the NMHDU and Young Minds published a series of documents about mental health services for young people. One of these documents, Transitions in Mental Health Care, claims that what children, their families and their service providers are most concerned about is the transition from CAMHS to adult services (NMHDU and YoungMinds 2011b).

Some of the gaps between services have been bridged by early intervention (EI) services and the work of specialist teams for people aged between 16 and 19. However, as Mr McDougall points out, the ‘threshold of need’ reached before services are offered is set too high by some EI services, while some common conditions, such as attention deficit hyperactivity disorder, Asperger syndrome or emerging personality problems, either go unrecognised or are ‘rebranded’ by some adult services.

Mr McDougall’s organisation has launched a mental health service specifically for people aged between 16 and 19. He welcomes the creation of age-appropriate inpatient units, which should prevent young people from sharing accommodation with adults, but says that external pressures can force some young people out of treatment programmes before they are completed.

Worcestershire EI service, part of Worcestershire Health and Care NHS Trust, was set up in 2004, one year before the national early intervention development programme was launched in England. The EI service’s clinical manager, Tony Gillam, agrees that many young
people and their families face problems during their transition periods.

‘I work in an EI service for people with psychosis,’ he says. ‘We are acutely aware of this problem and have taken steps to make the transition as smooth as possible.’

He says his team has learned a number of important lessons over the past eight years. ‘From the beginning, we have worked with our colleagues to develop ways of making smooth transitions between child and adolescent, and adult mental health services.

‘First, we developed a protocol for the shared care and transition of adolescents with psychosis. The protocol is meant to ensure that our service and the CAMHS in Worcestershire work closely together to ensure the early detection, care and treatment of young people with psychosis.

‘The process of developing and implementing our protocol has reminded me of the difference between the cultures of CAMHS and adult mental health services. They take different approaches to sharing information, and diagnosing and treating people. They also use a different language and terminology, and have different philosophies of care.

‘We have created a post for a case manager for people aged under 18, particularly those aged under 16, who need EI services. The post is funded by a CAMHS grant and the case manager is based in the EI service but liaises closely with each of the CAMHS teams in the county.’

Mr Gillam acknowledges that creating this post was not straightforward, in part because some CAMHS workers suspected that scarce resources were being diverted from general service improvement into meeting a specific need: first-episode psychosis.

‘Our staff did not perceive this to be a particularly pressing need compared with those of all the young people with other conditions on their waiting list,’ he recalls.

Other staff questioned how the post was managed, perhaps because the CAMHS and the EI service were part of different organisations when the case manager post was introduced. Mr Gillam says: ‘CAMHS formed part of the provider arm of the local primary care trust, whereas the EI service was part of the local mental health trust. In July, we became part of the same organisation, which should make communication and transitions even easier.’

Commissioning services

The NMDU and YoungMinds (2011b) have published guidance for commissioners, called Planning Mental Health Services for Young Adults: Improving Transition, which describes the complexities of transitions and points out that a one-size-fits-all approach to commissioning services is unlikely to succeed.

The guidance notes that poor transitions can blight young people’s chances of gaining employment, receiving education, maintaining independence, moving on from services or accessing them in the future, whereas effective transitions tend to improve young people’s life chances, as well as their future mental health and wellbeing.

The guide adds: ‘Improving transitions remains a high priority. The rationale for good transitions is beyond that of an ethical higher ground. Young people do not have the luxury of a second go at transition, and their time and energy should be spent on developing into capable young adults. It is for all of us who work with young adults to put in place the services that can support them, and the time for commissioners to respond is now’ (NMDU and YoungMinds 2011b).

Some of the features of successful services for young people making the transition to adult mental health services are shown in the box below.

Mr Gillam offers an example of his team’s work by describing their support of a boy, aged 15, with a psychotic condition and a bipolar disorder. ‘CAMHS were already involved so we worked jointly with them until the young man turned 16. We then continued our involvement, which included facilitating educational support, medication, case management, relapse prevention work, carers’ assessments and behavioural family therapy.’

The young man went on to make an excellent recovery, says Mr Gillam, and won a place at a prestigious university. After he had successfully completed his first year at university, he was discharged.

Mr Gillam adds: ‘I had an email from his mother saying he had gained a first-class degree. She said she was certain the help of the EI service, and particularly the behavioural family therapy we offered, made a huge contribution to her son’s recovery and academic success. Of course, all of this began with a carefully managed transition from the CAMHS to the EI service.’

Ian A McMillan is a freelance journalist

References


National Mental Health Development Unit, YoungMinds (2011b) Planning Mental Health Services for Young Adults: Improving Transition. A Resource for Health and Social Care Commissioners. NIMHEU, London.


How to make transitions work

- Young people should receive continuity of care, with no delay in receiving services.
- Transitions from children’s to adult’s services of young people of any age should be negotiated and supported to ensure that the young people concerned do not experience difficulties in other aspects of their lives after they have left adult services.
- An ‘invest to save’ approach should be taken by focusing adult mental health service budgets on young people aged between 16 and 19.
- Adult mental health services should adopt a more holistic style of provision, similar to that of CAMHS.
- In drawing up young people’s care plans, a multiagency approach should be taken.
- Young people should be given central roles when decisions about their care plans are being made.

(Adapted from YoungMinds 2011)